MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/744809	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/					51						
2		/		/				52						
3		/		/				53						
4		2		/				54						
5		2		/				55						
6		0		/				56						
7	/		/	/				57						
8		/		/				58						
9								59						
10								60						
11								61						
12								62						
13								63						
14								64						
15								65						
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41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	2	⇩	2	⇩		⇦		TOTAL IND.		⇦		⇦		⇦
TOTAL DEP.	6		6					TOTAL DEP.						
TOTAL CLAIMS	8		8					TOTAL CLAIMS						

MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

ORM PTO-1360 (REV. 3-78)